



STATEMENT OF FINANCIAL RESPONSIBILITY

I understand that the court will review my financial statement below, before deciding whether I am eligible for an appointed attorney. I also understand that the court may require me to pay a portion of the attorney costs if I am financially able to. Finally, I understand that I must inform the court if my or my spouse's financial situation improves significantly (for example: change of employment, increase in benefits or salary/wages, receipt of large inheritance).

FINANCIAL STATEMENT

Your Information

Date of Birth \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_

Present Employer \_\_\_\_\_ How Long? \_\_\_\_\_

*[If not employed, give last employer and date terminated.]*

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

If employed less than one year at current job, fill out the following:

Prior Employer Name \_\_\_\_\_ How Long? \_\_\_\_\_

Prior Employer Address \_\_\_\_\_

Prior Employer Phone \_\_\_\_\_

Your Spouse's Information

*[Skip this section and go to "Income Information" if (1) you do not currently have a spouse, or (2) you and your spouse do not live together or maintain any shared income, expenses, assets, or debts. You may also skip filling in the columns under "Your Spouse" on pages 3 and 4.]*

Spouse's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Daytime Phone \_\_\_\_\_

Mailing Address *[if different]* \_\_\_\_\_

Spouse's Present Employer \_\_\_\_\_ How Long? \_\_\_\_\_

*[If not employed, give last employer and date terminated.]*

Employer Address \_\_\_\_\_

Employer Phone \_\_\_\_\_

If your spouse has been employed less than one year at the current job, fill out the following:

Prior Employer Name \_\_\_\_\_ How Long? \_\_\_\_\_

Prior Employer Address \_\_\_\_\_

Prior Employer Phone \_\_\_\_\_

I. INCOME INFORMATION - After taxes, but before other deductions

a. Income during last 12 months. Only write **annual** amounts.

	<u>You</u>	<u>Your Spouse</u>
Salary/Wages	\$ _____	_____
Public Benefits: SNAP, ATAP, TANF, etc.	_____	_____
Unemployment	_____	_____
Pension or Retirement Income	_____	_____
Child Support Actually Received	_____	_____
SSDI or SSI	_____	_____
VA Disability	_____	_____
Dividends: PFD, Alaska Native, etc.	_____	_____
Other: _____	_____	_____
<b>Total Annual Income</b>	_____	_____

b. Total Current **Monthly** Income:

Your Current Primary Income Source \_\_\_\_\_  
 Spouse's Current Primary Income Source \_\_\_\_\_

II. ASSETS - Present Value

If you and your spouse share an asset, list it only in one column.

	<u>You</u>	<u>Your Spouse</u>
Cash (including money in checking/savings accts) \$	_____	_____
Securities: Stocks, Bonds, Mutual Funds	_____	_____
Life Insurance Cash Value/Annuities	_____	_____
Land, Buildings, Mobile Homes	_____	_____
Cars, Trucks, SUVs	_____	_____
Recreational Vehicles: Snowmachines, Boats, etc.	_____	_____
Businesses and Business Assets	_____	_____
Valuable Personal Property: Guns, Jewelry, etc.	_____	_____
Household Goods: Furniture, Appliances, etc.	_____	_____
Electronics: TVs, Video Game Systems, etc.	_____	_____
<b>Total Assets</b>	_____	_____

III. DEBTS

Write **full** amount still owed (**not** regular/monthly payment amounts)

	<u>You</u>	<u>Your Spouse</u>
Mortgages	\$ _____	_____
Vehicle Loans	_____	_____
Business Loans	_____	_____
Other Loans	_____	_____
Unpaid Doctor or Hospital Bills	_____	_____
Credit Card Balances	_____	_____
Other: _____	_____	_____
Other: _____	_____	_____
<b>Total Debts</b>	_____	_____

IV. MONTHLY EXPENSES

If you and your spouse share an expense, list it only in one column.

	<u>You</u>	<u>Your Spouse</u>
Food	\$ _____	_____
Rent or Mortgage (include insurance/property taxes)	_____	_____
Utilities	_____	_____
Transportation (auto insurance, gas, bus fare, etc.)	_____	_____
Vehicle Loan Repayments	_____	_____
Other Loan Repayments	_____	_____
Medical Insurance	_____	_____
Prescriptions/Medications	_____	_____
Child or Spousal Support Payments	_____	_____
Childcare/Daycare	_____	_____
Other: _____	_____	_____
Total Expenses	_____	_____

V. DEPENDENTS

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

GENERAL WAIVER

I authorize anyone, including past employers, to give to the Alaska Court System all information about any income source I have had for the past three years. I have read (or had read to me) both the Statement of Financial Responsibility on page 2, and this General Waiver. I declare, under penalty of perjury, that this financial statement is true to the best of my knowledge and belief. I understand that if I give false information on this form, I may be required to reimburse the state for any attorney costs **and** I may be prosecuted for a crime under AS 11.56.200.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Your Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Spouse's Signature

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska  
on \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Court clerk, notary public, or other person  
authorized to administer oaths.  
My commission expires: \_\_\_\_\_